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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049660 FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		4		1			55					
6		1		1			56					
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43							93					
44							94					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2				TOTAL IND.					
TOTAL DEP.	9	↓	14	↓			TOTAL DEP.					
TOTAL CLAIMS	11		16				TOTAL CLAIMS					